

Registration District No. 17 Primary Registration District No. 4027

1. PLACE OF DEATH:
 (a) County Barton
 (b) City or town Burgess
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mulberry, Kans. on Mo. Side
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 44 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton
 (c) City or town Burgess
(If outside city or town limits, write "RURAL")
 (d) Street No. Mulberry, Kans. Mo. Side
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DAVID CHRISTIAN ODORIZZI
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 9
 year 1944 hour 6 minute 45 AM.

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Catherine Margaret Odorizzi 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 28 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7 1944, to July 9 1944
 that I last saw him alive on July 9 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 2 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary occlusion Duration 3 hrs
 Due to Myocard stenosis 3 yrs

9. Birthplace austria
(City, town, or county) (State or foreign country)

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Coal Miner - Merchant

Major findings: Of operations _____
 Of autopsy _____

11. Industry or business Coal Mine - Lignor Stone

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

12. Name Anthony Odorizzi

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Austandge (M. D. or other) _____
 Address Mulberry, Kans Date signed 7/14/44

13. Birthplace austria
(City, town, or county) (State or foreign country)

14. Maiden name Terese Mauer

15. Birthplace austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Corvi

(b) Address Mulberry, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 11 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Mulberry, Kans

18. (a) Signature of funeral director J. M. Benkey

(b) Address Mulberry, Kans

19. (a) July 16/44 (Date received local registrar) (b) Blanche Sacketh (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

600

928

RECEIVED

District Health Officer No. 6,

District File Number 844-897

Date Filed AUG 14 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: J. M. Berkeley

Licensed Embalmer No. 2386

P. O. Address. Mulberry, Kans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.